Docket No.:_____

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL RECORDING MEDIUM, OPTICAL RECORDING AND REPRODUCING METHOD AND APPARATUS

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application Serial No. _____ and amended on _____.
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56. Under Title 35 U.S. Code § 119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 9-323842, filed on November 10, 1997

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771 and Mario A. Costantino, Reg. No. 33,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name of Sole or First inventor: Tsutomu (Given Name) | (Middle Initial) | Ishii (Family Name)

**Inventor's Signature: Tsutomu Ishii

**Date of Signature: October 23, 1998 (Month / Day / Year)

Residence: Nakai-machi (City) | Kanagawa (State of Province) | Japan (Country)

Citizenship: Japan

Post Office Address: (Insert complete mailing address, including country) c/o Fuji Xerox Co., Ltd., 430 Sakai, Nakai-machi, Ashigarakami-gun, Kanagawa, Japan

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

**Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Typewritten Full Name of Second Joint inventor: Katsunori (Given Name) Kawano (Family Name)

**Inventor's Signature: Katsunori Kawano

**Date of Signature: October 23, 1998 (Month Day Year)

Residence: Nakai-machi (City) Kanagawa (State of Province) Japan (Country)

Citizenship: Japan

Post Office Address: (Insert Complete mailing address, including country) c/o Fuji Xerox Co., Ltd., 430 Sakai, Nakai-machi, Ashigarakami-gun, Kanagawa, Japan

Typewritten Full Name of Third Joint inventor: Kazuo (Given Name) Baba (Family Name)

**Inventor's Signature: Kazuo Baba

**Date of Signature: October 23, 1998 (Month Day Year)

Residence: Nakai-machi (City) Kanagawa (State of Province) Japan (Country)

Citizenship: Japan

Post Office Address: (Insert Complete mailing address, including country) c/o Fuji Xerox Co., Ltd., 430 Sakai, Nakai-machi, Ashigarakami-gun, Kanagawa, Japan

Typewritten Full Name of Fourth Joint inventor: Kiichi (Given Name) Ueyanagi (Family Name)

**Inventor's Signature: Kiichi Ueyanagi

**Date of Signature: October 23, 1998 (Month Day Year)

Residence: Nakai-machi (City) Kanagawa (State of Province) Japan (Country)

Citizenship: Japan

Post Office Address: (Insert Complete mailing address, including country) c/o Fuji Xerox Co., Ltd., 430 Sakai, Nakai-machi, Ashigarakami-gun, Kanagawa, Japan

Typewritten Full Name of Fifth Joint inventor: (Given Name) (Middle Initial) (Family Name)

**Inventor's Signature:

**Date of Signature: (Month Day Year)

Residence: (City) (State of Province) (Country)

Citizenship:

Post Office Address: (Insert Complete mailing address, including country)

**Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.